



Epidemiological Surveillance of Respiratory Infections Weekly overview - Week 11/2025 (10/03/2025 –16/03/2025)

Influenza-like Illness (ILI)

- The number of influenza cases per 1,000 visits, after the upward trend recorded since week 49 of 2024, has stabilized since early 2025, presenting small weekly fluctuations. In week 11 a significant decrease was recorded compared to the previous week.

Severe Acute Respiratory Illness- SARI (ILI)

- The number of SARI cases per 1,000 hospital admissions decreased compared to last week.

SARS-CoV2 virus - COVID-19 infection

- Test positivity from all tests performed in the country (COVID-19 registry data) remains very low.
- 90 COVID-19 hospital admissions were recorded, while the average weekly number of new hospital admissions during the previous four weeks was 135.
- Two new intubations were recorded. The average weekly number of new intubations for the past four weeks was two.
- The current number of ventilated patients with COVID-19 infection is eight.
- Four deaths were recorded. The average weekly number of deaths for the past four weeks was seven. From week 01/2024 to week 11/2025, 387 deaths among severe cases (intubated and/or with ICU hospitalization) were recorded.
- In week 33/2024 the first variants of XEC were detected, showing thereafter an upward trend. Since the beginning of December 2024, XEC is the predominant variant.
- At the national level, the weighted viral load in urban wastewater is considered low compared to historical data, with decrease compared to the previous week. More specifically, the viral load level in urban wastewater is low in all areas participating in the network.

Influenza virus

- Influenza positivity in the community (as assessed by Sentinel surveillance in primary health care (ILI specimens)) remains high, showing a decrease compared to last week. Positivity of SARI specimens increased compared to last week.
- In week 11/2025, two new ICU laboratory-confirmed influenza cases, while no new deaths from laboratory-confirmed influenza were recorded. Additionally, two deaths from laboratory-confirmed influenza with admission dates within previous weeks were retrospectively reported. In total, from week 40/2023 to week 11/2025, 168 severe cases of laboratory-confirmed influenza were admitted to ICU and 57 deaths were recorded. From week 01/2024 to week 11/2025, 118 deaths in severe cases with laboratory confirmed influenza were recorded.
- From week 40/2024 to week 11/2025, among 3.455 samples (Sentinel Primary Health Care Surveillance, SARI surveillance and hospitals outside surveillance networks), 740 (21%) positive samples for influenza viruses were found. Of the 729 samples typed, 480 were type A and 249 type B.
- Among the 458 type A samples that were subtyped, 238 (52%) were A(H1)pdm09 and 220 (48%) were A(H3).

Respiratory syncytial virus – RSV

- Positivity in sentinel primary health care (ILI specimens) remained low, showing an increase compared to last week, while it decreased in hospitals (SARI specimens).
- Both influenza and COVID-19 are associated with a significant number of deaths among severe cases. It is recommended that persons who qualify for vaccination, particularly those at higher risk of severe outcomes (elderly and people with underlying diseases) should get vaccinated against both diseases.

NOTE: Retrospective inclusion of data reported with delay can result in modifications in the numbers presented